

SENDER WILL CHECK CLASSIFICATION OF AND BOTTOM			
<input checked="" type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/DED	23 FEB 1976	<i>[Signature]</i>
2			
3	C/OTS/CB		
4			
5			
6			
<input type="checkbox"/>	ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
<p><b>Remarks:</b></p> <p style="text-align: center; margin-top: 40px;">Your copy.</p> <div style="display: flex; align-items: center; justify-content: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 80px; height: 60px; margin-right: 10px;"></div> <div style="font-family: cursive; font-size: 1.5em;">pls rec me JH</div> </div>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
<input checked="" type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	

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